

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jun 28, 2007 8:00 am
Secretary of State

06-28-2007 90061 002 ****50.00

DOCUMENT # L95000000211 1. Entity Name LOWBROK L.C.	
---	---

Principal Place of Business 4581 DAVENPORT LANE LOT 1 PACE, FL 32571	Mailing Address 4581 DAVENPORT LANE LOT 1 PACE, FL 32571
---	---

461444



05142007No Chg-LLC CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3302027	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent LOWERY, ROBERT E 1950 PERCEDO LANE 1950 Peaches Lane CANTONMENT, FL 32533

DO NOT WRITE IN THIS SPACE

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when remitting) DATE

Filing Fee is \$50.00
Due by September 14, 2007

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM LOWERY, ROBERT E 1950 PEACHES LANE CANTONMENT, FL 32533
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BROXSON, DONNIE C 4450 TRICE RD PACE, FL 32571
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MEM BROXSON, VIRGINIA D 4450 TRICE RD PACE, FL 32571
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MEM LOWERY, LOUISE R 358 W 9 MILE RD PENSACOLA, FL 32534
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: Donnie C Broxson DONNIE C. BROXSON
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date 6.14.07 Daytime Phone # 850.994.7918